



FY 2004 Application

Individual Artist Professional Development Grant Program

Deadline: 6/1/2003 and 12/1/2003

Please also refer to the Guidelines and Instructions accompanying this application. You may skip lines marked (N/A).

1. First Name _____
2. Last Name _____
3. Salutation ☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr.
4. Mailing Address _____
5. City _____ 6. State _____
7. Zip Code - Plus 4 _____ 8. County _____
9. Phone Number _____
10. Second Phone Number (optional) _____
11. Fax Number _____
12. E-mail Address _____
13. Web Address http:// _____
14. Social Security Number _____
15. Legislative District Number of Applicant:
U.S. Congressional District #: ☐ #1 ☐ #2 ☐ #3 ☐ #4 ☐ #5 ☐ #6
Representative's Name: _____
Senators: Jim Bunning (R) / Mitch McConnell (R)
KY Senate District #: _____
Senator's Name: _____
KY House District #: _____
Representative's Name: _____

If you do not know your Kentucky Senate District, House District, or U.S. Congressional District numbers, please refer to this web site: www.vote-smart.org/index.phtml or call your County Clerk's office for this information.

KAC Staff Use Only

- | | | |
|-------------------------------|------------------------------|-----------------------------|
| 1. FY 2004 | 7. Grantee Race _____ | 13. • AIE Percent _____ |
| 2. App. # _____ | 8. # Youth Benefit 0 | • AIE Description _____ |
| 3. C-List # _____ | 9. Project Disc. _____ | 14. Proj. Descriptors _____ |
| 4. App. Status 01 | 10. Activity 03 | 15. Date Rcvd. _____ |
| 5. App. Institution 01 | 11. Project Race _____ | |
| 6. App. Discipline _____ | 12. Grant Program APD | |

16. Grantee Race/Ethnicity:

*Choose the code(s) that best represent(s) your race/ethnicity. Select **ALL** that apply.*

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White |

17. Activity Race/Ethnicity:

If the majority of the grant activities are intended to involve or act as a clear expression or representation of the cultural traditions of one particular group, or deliver services to a designated population listed below, choose that group from the list. If the grant or activity is not designed to represent or reach any one particular group, choose "No Single Group".

Choose one below:

- | | |
|---|--|
| <input type="checkbox"/> Asian Individuals | <input type="checkbox"/> Black/African American Individuals |
| <input type="checkbox"/> Hispanic/Latino Individuals | <input type="checkbox"/> American Indian/Alaska Native Individuals |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander Individuals | <input type="checkbox"/> White Individuals |
| <input type="checkbox"/> No Single Group | |

18. Activity Title (short phrase) _____

19. Activity Beginning Date (month/day/year)

____ / ____ / ____

20. Activity End Date (month/day/year)

____ / ____ / ____

21. Amount Requested (round to nearest dollar)

\$ _____

22. Required Match Amount (round to nearest dollar)

\$ _____

Project Budget

Please complete the project budget form. If you prefer, you may duplicate the form on your computer and include it as an attachment.

Project Income

Grant Request (up to \$500)

\$ _____

Your Match (equal to, or greater than, the grant request)

\$ _____

Total Income

\$ _____

Project Expenses

Registration Fees (workshops, conferences, etc.)

\$ _____

Supplies

\$ _____

Travel (e.g., car, airfare, lodging and meals)

\$ _____

Other (please list)

\$ _____

\$ _____

\$ _____

\$ _____

Total Expenses

\$ _____

Total income should equal total expenses. Please round off all figures to the nearest dollar.

Review Criteria

Your application will be reviewed using the following Review Criteria:

1. Professional Development / Career Advancement (60%).

- Evidence of applicant's professional experience related to the proposed activity.
- Evidence of proposed activity creating a new or expanded opportunity for the applicant.
- Evidence that proposed activity will support the professional and creative goals or career advancement of the artist.

2. Planning (20%).

- Evidence that planning has taken place regarding the proposed activity and necessary costs.

3. Proficiency in Art Form (20%)

- Work samples, resume or bio, and narrative description demonstrate a proficiency of the art form and relevancy to the proposed activity.

Instructions for Completing Application Narrative

To assist panelists in reading your application, duplicate the number and heading of each Review Criteria. For example, type "1. Professional Development / Career Advancement before your response to #1. Place your name and the words "Individual Artist Professional Development Grant" on the upper right-hand corner of each page.

Narrative Outline

Please respond to each of the Review Criteria below on two pages or less. Make sure that your narrative addresses each bulleted item.

1. Professional and Creative Development (60%):

- Describe your arts background and past and current arts activities. How is it related to proposed activity?
- Describe the activity that you are proposing and how it will provide you with a new or expanded opportunity.
- Describe your professional and creative goals as an artist. How will the proposed activity support these goals and contribute to your career advancement?

2. **Planning (20%):** *(Please note: In addition to addressing the bulleted item below, support materials related to the proposed activity are required and must be attached to the proposal. Materials might include a workshop or class brochure, registration form, acceptance letter or letter of invitation. If your activity does not involve a confirmation or registration, you must provide a timeline and budget for the proposed activity.)*
 - Describe your planning for the proposed activity and for related costs. What have you done or will you do to prepare for the activity?
3. **Proficiency of Art Form (20%):** *(Note: This criterion is based upon the work samples submitted, and the narrative response.)*
 - Describe the work samples you have submitted including technical and creative processes involved.

Please continue to Applicant Checklist and Applicant Signature on next page.

Application Checklist

Include this application checklist as the first page of your application package.

Your application is not complete and will not be forwarded to the panel for review if it does not contain the following mandatory information:

One original of the following:

- ☐ Individual Artist Professional Development Grant Application and two-page Narrative
- ☐ Confirmation of proposed activity (registration form, letter of invitation, brochure, workshop or instructor information, etc.). If a registration form or confirmation is not applicable to your proposal, provide a timeline and budget for your activity.
- ☐ Work samples. (A resume or bio may fulfill this requirement IF applicant is a new artist seeking funding for the creation of work samples. For artists NOT submitting work samples, a resume or bio is REQUIRED for the application.)
- ☐ Work sample index.

Optional Materials (one copy) of the following: *In order to be competitive in this category, the following items are suggested:*

- ☐ Your resume or bio (two-page maximum). *Note:* For artists NOT submitting work samples, a resume or bio is REQUIRED for the application.
- ☐ Other related marketing or promotional materials, letters of support, sample brochures, etc.

If you would like the return of work samples, please enclose the following:

- ☐ Self-addressed, **AND** stamped mailer for return of supporting materials.

Applicant Signature

I certify that the foregoing statements and enclosures are true and complete to the best of my knowledge.

Applicant Signature _____ Date _____

All signatures must be in RED ink.

Mailing Address for Completed Application

Kentucky Arts Council
Old Capitol Annex
300 West Broadway
Frankfort, KY 40601-1980

Work Samples

(▲ = audio ▼ = video ♦ = slides ■ = writing)

For the Individual Artist Professional Development Grant, submit one copy of each sample.

DO NOT SUBMIT ORIGINALS.

AUDIO/VIDEO/FILM WORK SAMPLE REQUIREMENTS

▲ *Audio: Cassette Tape or Compact Disc*

Applicants may submit up to three separate samples of work. When submitting CDs, indicate the tracts for review. When submitting audio cassettes, cue the tape to the desired place.

Label each case with artist or organization name, title of work, total running time and date completed. This information must also be typed on the *Audio/Video/Film Work Sample Index*.

TIP: Panelists have a limited time to evaluate each taped work sample. It is important that the strongest portion of any sample is presented immediately when the tape is played. Tape samples not properly cued, or cued to sections that do not present the strongest artistic quality, generally reflect poorly on the application as a whole. Extensive portions of each complete work may be reviewed at the panelists' discretion.

▼ *Film/Video: VHS video tape:*

Applicants may submit up to three sample works.

Film and Video samples must be submitted on standard VHS tape. Work submitted on other formats will not be reviewed by the panel.

Label the tapes with the name of the artist or organization, title of the production and total running time. This information must also be typed on the Audio/Video/Film Work Sample Index.

■ *WRITING WORK SAMPLE REQUIREMENTS*

Applicants may submit one or two sample works, up to the following: **Poetry:** 15 numbered pages (*one sample may include several pieces from a single collection or publication*); **Fiction and Creative Non-Fiction:** 20 to 30 numbered pages; **Scripts:** A scene or a play, not to exceed 50 typed conventional script pages; **Librettos:** (Opera or Musical Theatre). See requirements for scripts and include three audio tapes and/or musical scores according to format for composers.

❖ SLIDE REQUIREMENTS

For the Individual Artist Professional Development Grant, artists may submit up to four slides. The importance of quality slides cannot be overemphasized. Slides are the means by which you show your work; therefore, good slides are extremely important! Your slides should have no visual interference—leave the back door and the bedroom wallpaper out of your shots. The most effective slide presentation is one that shows panelists a cohesive, consistent, developing body of your latest work. Select slides representative of your style and sequence your slides in a way that will enhance the panelists' understanding of the direction of your work, and draw their attention to your most significant pieces.

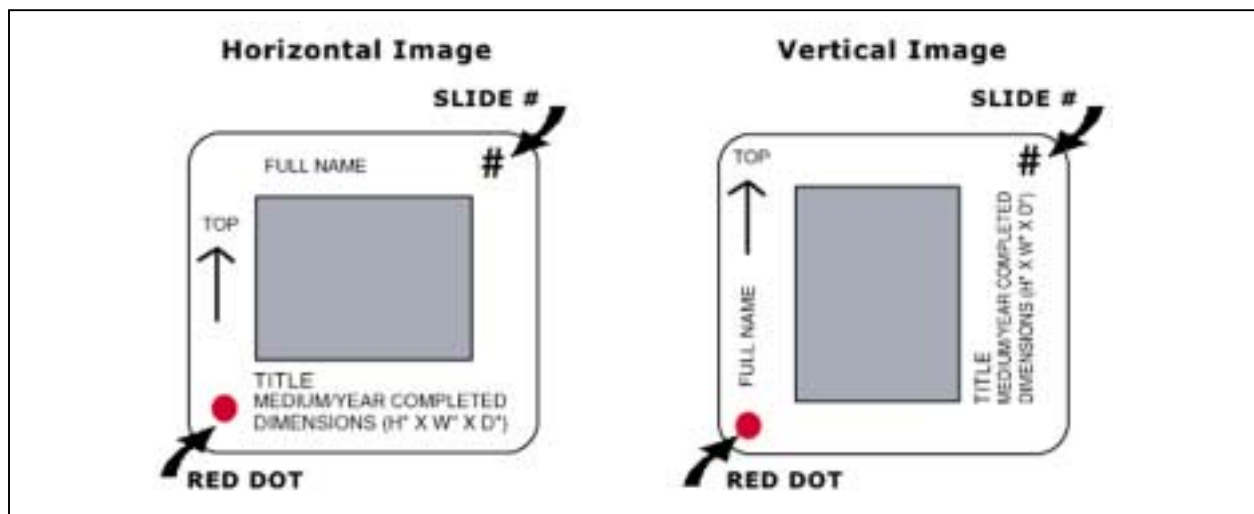
Submit 2" x 2" slides of recent work and number them in the order you want them to be projected during the panel review. The KY Arts Council may retain the slides of award and grant recipients so **do not send originals**. The slides must be in good condition, mounted in sturdy cardboard or, preferably, plastic, which is less subject to damage.

Label the front of the slides providing the information requested. Type or neatly print in the exact format shown in the example below. When applying labels, position them carefully so they do not curl over the edges of the slide mount, which can cause sticking and jamming. Information on slides must correspond in sequence with the slide list.

- Print or type your full name in the upper left corner.
- Number the slides in the upper right corner of the slide mount.
- Place a red dot in the lower left corner to ensure that slides are oriented properly in the carousels. The dot must be large enough to be clearly seen. Use Avery 1/4" red dots or a red pen.
- Draw an arrow in the left margin of the slide mount indicating the top of the image.
- The bottom of slide should be marked with Title/Medium/Year Completed, and Dimensions (H" x W" x D")

Place your slides in an 8 ½" x 11" slide sheet. The pockets should hold the slides securely. **Loose slides or slides in boxes will not be accepted.**

HOW YOUR SLIDES SHOULD LOOK:



KENTUCKY ARTS COUNCIL AUDIO OR VIDEO WORK SAMPLE INDEX

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip code - Plus 4: _____

Day Phone: _____ E-Mail: _____

Program for which samples are being submitted: _____

Check appropriate work sample documentation category:

☐ Audio Cassette ☐ Video ☐ CD

WORK SAMPLE 1

1. Title of Work: _____

2. Brief description: _____

3. Applicant's role/responsibility in the work: _____

4. Dates created, composed, performed, produced, or premiered: _____

5. Is this an ☐ Entire work *or a* ☐ Segment:

If a Segment, did you enclose a tape of the entire work? YES ☐ NO ☐

6. Total playing time of complete work: _____

7. Total playing time of segment (CDs excepted): _____

8. Did you cue tape to beginning of segment? _____

WORK SAMPLE 2

1. Title of Work: _____
2. Brief Description: _____

3. Applicant's role/responsibility in the work: _____

4. Dates created, composed, performed, produced, or premiered: _____

5. Is this an ☐ Entire work *or a* ☐ Segment:
If a Segment, did you enclose a tape of the entire work? ☐ YES ☐ NO
6. Total playing time of segment (CDs excepted): _____
7. Did you cue tape to beginning of segment? _____
8. Brief description of the segment: _____

WORK SAMPLE 3

1. Title of Work: _____
2. Brief Description: _____

3. Applicant's role/responsibility in the work: _____

4. Dates created, composed, performed, produced, or premiered: _____

5. Is this an ☐ Entire work *or a* ☐ Segment:
If a Segment, did you enclose a tape of the entire work? ☐ YES ☐ NO
6. Total playing time of segment (CDs excepted): _____
7. Did you cue tape to beginning of segment? _____
8. Brief description of the segment: _____

KENTUCKY ARTS COUNCIL WRITING WORK SAMPLE INDEX

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip code - Plus 4: _____

Day Phone: _____ E-Mail: _____

Program for which samples are being submitted: _____

Check appropriate work sample documentation category. (All sample work should be submitted within one category.)

☐ Poetry ☐ Fiction ☐ Creative Non-Fiction ☐ Scriptwriting ☐ Libretto

Please number your work samples and use as many pages as necessary for the required number of work samples.

WORK SAMPLE # _____

1. Title of Work: _____
2. Brief description: _____
3. Date completed: _____
4. Title of Publisher: _____ Date of publishing: _____
5. Is this an ☐ Entire work or an ☐ Excerpt?
6. Number of pages _____ (entire work) or Number of pages _____ (excerpt).

WORK SAMPLE # _____

1. Title of Work: _____
2. Brief description: _____
3. Date completed: _____
4. Title of publisher: _____ Date of publishing: _____
5. Is this an ☐ Entire work or an ☐ Excerpt?
6. Number of pages _____ (entire work) or Number of pages _____ (excerpt).

KENTUCKY ARTS COUNCIL SLIDE INDEX

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip code - Plus 4: _____

Day Phone: _____ E-Mail: _____

Program for which samples are being submitted: _____

Applicant must include complete information. List the specific medium used in each work.
Dates must be provided. Space is available to include additional details about each piece.

1. Title: _____ Date: _____

Dimensions: _____ Medium: _____

Comments: _____

2. Title: _____ Date: _____

Dimensions: _____ Medium: _____

Comments: _____

3. Title: _____ Date: _____

Dimensions: _____ Medium: _____

Comments: _____

4. Title: _____ Date: _____

Dimensions: _____ Medium: _____

Comments: _____
